

SL-MDTF

END OF PROJECT REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2011

Programme Title & Number
<p>Programme Title: HIV/AIDS and Malaria Programme</p> <p>Programme Number UN Joint Vision Programme 6</p> <p>MDTF Office Atlas Number:</p> <ul style="list-style-type: none"> • 00075575 <i>Nutritional Support WFP:</i> • 00075571 <i>Malaria Control UNICEF:</i> • 00075573 <i>Technical and operational support WHO</i>

Country, Locality(s), Thematic Area(s)
<ul style="list-style-type: none"> • Sierra Leone, Country wide • Joint Vision Priority Area 4: Equitable and affordable access to health

Participating Organization(s)
<p>WFP (World Food Programme)</p> <p>WHO (World Health Organization)</p> <p>UNICEF (United Nations Children Fund)</p>

Implementing Partners
<ul style="list-style-type: none"> • Ministry of Health and Sanitation (National Malaria Control and Environmental Health programs, Food and Nutrition Unit and the National AIDS Control Programme) • DHMTs, • Local councils • IFRC • Network of HIV Positives in Sierra Leone

Programme/Project Cost (US\$)	
MDTF Fund Contribution:	
<ul style="list-style-type: none"> • WFP \$652,246 • UNICEF \$431,442 • WHO \$841,664 	
Agency Contribution	NA
<ul style="list-style-type: none"> • <i>by Agency (if applicable)</i> 	
Government Contribution	NA
<ul style="list-style-type: none"> • <i>(if applicable)</i> 	
Other Contribution (donor)	NA
<ul style="list-style-type: none"> • <i>(if applicable)</i> 	
TOTAL: 1,925,352	

Programme Duration (months)	
Overall Duration	12 months
Start Date of Projects	24 June 2010
Revised End Date of Projects	31 March 2011
Operational Closure Date of Programme	31 December 2012
Expected Financial Closure Date	30 April 2013

Programme Assessments/Mid-Term Evaluation
<p>Assessment Completed - if applicable <i>please attach</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p> <p>Mid-Evaluation Report – <i>if applicable please attach</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____</p>

Submitted By
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This report serves as end of project report.

I. Purpose

The overall purpose of the UN Joint Vision ‘Programme 6 HIV/AIDS & Malaria’ is to halt and reverse the spread of the epidemic of HIV and the incidence of malaria in Sierra Leone. Programme 6 represents the responsiveness and harmonized integration of all UN agencies’ HIV and Malaria activities in Sierra Leone and contributes towards achieving national targets and the MDG of stopping and reversing the spread of HIV and incidence of Malaria by 2015, as well as assisting in the attainment of the other MDGs in reducing poverty, hunger, and child and maternal mortality.

In total, Programme 6 captures the work of 10 UN agencies’ HIV/AIDS activities and 2 UN agencies’ Malaria activities, however this report will focus on three agencies’ MDTF ‘Delivering as One’ supported activities, including UNICEF and WHO’s support to the national malaria response and WFPs support to the national response to HIV/AIDS.

In doing so the report will provide details on the resources allocated, implementation arrangements, objectives and results achieved and finally, the report will highlight future activity plans. Specifically the report will focus on three key activities including;

1. Malaria Control, Long Lasting Insecticide-treated Nets (LLINs) Universal Coverage – UNICEF
2. Technical and operational support to malaria vector control interventions – WHO
3. Nutritional Support to People living with HIV and TB – WFP

All three projects are designed and implemented in support of the broader UN Joint Vision Development Goal:

- To improve the national health services and in particular, a national infectious disease control programme that will contribute to the control of the most dangerous infectious diseases for Sierra Leone: malaria and HIV/AIDS.

Malaria Control, LLINs Universal Coverage – UNICEF

Project Objective:

Improved utilization of Long Lasting Insecticide treated Nets (LLINs) by all persons in Sierra Leone with great emphasis on under five and pregnant women. More specifically the provision of Long lasting Insecticide-treated Nets (LLINs) to ensure universal coverage. The project has two main components: Procuring and distribution of 1.8 millions treated nets and social mobilization campaign on the correct utilization of the insecticide treated bed nets.

The expected outcome with this support to the Government of Sierra Leone through the Ministry of Health and Sanitation are:

- Outcome 1: Attain universal coverage by distributing on average three LLINs per household to all households in SL during the Child and Maternal Health Week (November 2010).
- Outcome 2: Increase community awareness on the usage of LLINs.

Technical and operational support to malaria vector control interventions – WHO

Project Objective:

To support the Ministry of Health and Sanitation to ensure delivery of malaria vector control interventions particularly LLINs and indoor residual spraying (IRS) within the context of integrated vector management and strengthening of capacity for surveillance, monitoring and evaluation of malaria control interventions and their impact

- Outcome 1: Universal coverage (80% of population at risk of malaria possess LLINs) of LLINs achieved
- Outcome 2: At least 80% of the population in the targeted areas covered by IRS
- Outcome 3: Capacity for surveillance, monitoring and evaluation of malaria control interventions built

Nutritional Support to People living with HIV and TB – WFP

Project Objective:

Improve nutrition and health of vulnerable PLHIV and TB patients and their families to ensure they are able to fulfill their potential as outlined in the national response to HIV/AIDS and the MDGs.

- Outcome 1: Improved survival of adults and children with HIV after 6 and 12 months of ART.
- Outcome 2: Improved success of TB treatment for targeted cases.

II. Resources

All funding allocated to support the projects outlined above was sourced from the Delivering as One fund through the Sierra Leone-MDTF. The Joint Vision Programme 6 HIV/AIDS & Malaria received a total of US\$1,925,352.

Malaria Control, LLINs Universal Coverage – UNICEF

Financial Resources

The Malaria Control project supported through MDTF received a total of \$431,442 primarily the funds were used to support the national campaign to distribute 3.2 million insecticide bed nets to an estimated 1 million households. The MDTF support complemented the broader campaign cost which is estimated at \$21,390,000

The funds received from MDTF were allocated to support logistic and social mobilization activities, more specifically logistical support consisted of supporting port clearance and transport of 2,780,000 LLINs procured by UNICEF to 12 districts, excluding Kono and Kailahun district where the transport and distribution was supported by International Federation of the Red Cross (IFRC).

The funds also supported the implementation of social mobilization activities during the malaria campaign in order to promote uptake of LLINs and promote use and community ownership for malaria prevention.

- The budget was disbursed in time as planned, but there was a need to extend the period for the use of the funds up to March 2011.

Human Resources

- The project was implemented through partnership with the Ministry of Health and Sanitation, WHO and the District Health Management Teams and many other partners at national and district levels.
- The funds were not used to directly hire either national or international staff, but supported paying for per-diems and transport of implementers.

Technical and operational support to malaria vector control interventions – WHO

Financial Resources

The malaria vector control interventions within the context of the Integrated Vector Management Policy and Plan were supported through MDTF received a total of \$841,664. Primarily, the funds were used for procurement of supplies and equipment for indoor residual spraying (IRS) and the recruitment of an international M& E officer to build the monitoring and evaluation capacity of the National Malaria control programme. WEFCO from South Africa was contracted to do procurement of equipment and supplies, (including insecticide, spray equipment, PPE and transport vehicles purchased in line with WHO procurement procedures)

Human Resources

- The project was implemented with support from Five (5) National Professional officers each with a designated responsibility including a) malaria and HIV/AIDS (ATM); b) Protection of the human environment (PHE); c) finance; d) procurement; e) storage.
- Also in support of the project were 5 International Staff including a) An M&E officer; b) WHO Regional vector control officer; c) IRS (indoor residual spraying) Consultant; d) An administrative officer; e) Procurement officer.

Nutritional Support to People living with HIV and TB – WFP

Financial Resources

The Nutritional Support to People living with HIV (PLHIV) and TB project received a sum total of \$ 652,246. Primarily the funds were used for procurement and shipping of food commodities for the provision of nutritional support to PLHIV and TB patients including their families for a period of 4 months (July to October 2010). There was no committed fund for 2011 and beyond, leaving a resource gap of \$1,760,297 million to complete the project.

Human Resources

- The project was implemented with support from Four (4) national staff referred to as the project Implementation Team, including 1 National Programme Officer and 3 Senior Programme Assistants, including One-Nutritionist in charge of HIV/AIDS and Gender.

III. Implementation and Monitoring Arrangements

UN Joint Vision - Programme 6 HIV/AIDS & Malaria, represents the responsiveness and harmonized integration of all UN agencies HIV and Malaria activities in Sierra Leone, it does so by identifying and aligning each agency's comparative advantage to add the greatest value to the UN's contribution to Sierra Leone.

While Programme 6 identifies the work to be undertaken by UN agencies, most, if not all outcomes are achieved through working in partnership with government, civil society, multilaterals, bilateral organizations and their implementing partners.

Malaria Control, Long Lasting Insecticide-treated Nets (LLINs) Universal Coverage – UNICEF

Implementation

The project was managed under the overall coordinating responsibility of UNICEF in collaboration with the Ministry of Health and Sanitation and the District Health Management Teams. It was thought strategic to implement the project as part of an integrated campaign rolled out during the Maternal and Child Health Week (MCHW) campaign during the period of November and December 2010.

Project Implementation focused on two interrelated strategies including procurement and supply of bed-nets complemented by social mobilization activities to increase uptake of bed-nets. Social mobilization activities included:

The majority of activities using the MDTF funds were done in 2010, with the implementation of the Universal coverage of LLINs and reported in the previous report. In 2011, in an effort to keep up the momentum generated from the MCHW LLIN distribution and focus on utilization, UNICEF continued to support all 13 District Health Management Teams to undertake communication and social mobilization activities. Communication activities included the broadcast of radio jingles, radio discussions, the installation of billboards in districts, advocacy meetings with community members and the revitalization of district social mobilization committees to ensure better coordination and planning. In addition civil society organizations were mobilized to work with chiefs and elders in each of the 149 chiefdoms across the country to develop LLIN use bylaws.

- Summarize the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.
- Provide details on the procurement procedures utilized and explain variances in standard procedures.
- Provide details on the monitoring system(s) that are being used and how you identify and incorporate lessons learned into the ongoing project.
- Report on any assessments, evaluations or studies undertaken.

Monitoring and Evaluation

The monitoring of LLIN distribution during MCHW was integrated into the overall campaign monitoring system, which was carried out the distributors of the LLINs using daily tally sheets to collect data and by independent monitors. The impact of this project will be assessed as part of the Joint Vision programme 6 at least one calendar year after the end of the project. In June –July 2011, a cluster survey was conducted with the main objective of establishing the LLIN coverage and usage after the universal access campaign.

Technical and operational support to malaria vector control interventions – WHO

Implementation

The project was managed under the overall coordinating responsibility of WHO in collaboration with the Ministry of Health and Sanitation (National malaria control and Environmental Health programs).

Project implementation focused on two interrelated strategies; procurement and supply of spray equipment, insecticides and PPE (Personal Protection Equipment), complemented by activities to strengthen partners capacity for surveillance, monitoring and evaluation of malaria control interventions.

Insecticide Residual Spraying was carried out throughout selected chiefdoms in the Western Urban area, Bombali, Kono and Bo districts, reaching 34,476 homes.

Monitoring and Evaluation

Throughout the project's implementation monitoring visits were conducted by WHO teams including the WHO Representative visits to project sites. Regular monitoring was also conducted by programme managers from the Ministry of Health 'Malaria control, environmental health and neglected tropical diseases'. The

monitoring and evaluation methodologies adopted and rolled out were designed to strengthen partners' capacity for malaria surveillance. More specifically they included;

- Routine and complete reporting of malaria morbidity and mortality data to ensure effective monitoring and evaluation of progress in all districts.
- The malaria indicators of the routine health management information system were revised and updated.
- A malaria baseline survey was conducted to obtain baseline data on malaria-related cases and deaths. The baseline data will be tracked to determine whether there will be associated reduction in malaria morbidity and mortality as a result of the campaign.
- Laboratory Tests were carried out to evaluate the susceptibility of four insecticides for potential use in the Indoor Residual Spraying (IRS) Pilot programme, with a corresponding baseline data and collation survey conducted.
- Group discussions were held within the beneficiary communities at intervals after operations of two weeks, two months, four months, and six months

Nutritional Support to People living with HIV and TB – WFP

Implementation

The project was managed under the overall coordinating responsibility of WFP in collaboration with the Ministry of Health & Sanitation – MOHS (Food and Nutrition Unit and National AIDS Control Programme).

WFP was responsible for the procurement and shipping of food commodities to the designated final delivery points including centres of Anti-retro viral treatment (ART), Directly Observed Treatment (DOTS) and Prevention of Mother-to-Child (PMTCT) and to WFP warehouse storage facilities. WFP worked closely with care and support groups and Tuberculosis (TB) Peripheral Health Units (PHUs) who were responsible for the identification of the beneficiaries and final distribution of the food to the beneficiaries. WFP also provided technical assistance to government and trained partners in the implementation of the nutrition programme. The Network of HIV Positives in Sierra Leone (NETHIPS) was fully involved in the delivery process of the food to the beneficiaries through designated care and support institutions. A tripartite agreement was signed between WFP, MOHS and NETHIPS.

Monitoring and Evaluation

Throughout the project's implementation quarterly supervision and monitoring visits were conducted jointly with WFP, MOHS and NETHIPS and in addition, both MOHS and NETHIPS conducted joint monthly monitoring visits as well as individual monitoring. Both partners were reporting jointly on the programme achievements. WFP in partnership with AFRICARE worked closely with the partners in order to complement our effort for the provision of livelihood.

The all above activities using the MDTF funds were completed in 2010 and details were reported in the previous progress report. In 2011, WFP mainly followed up implemented activities in 2010 by mentoring trained health staffs and monitoring use of procured items at NACP.

IV. Results

With regard to the project deliverables agreed by the agencies UNICEF, WHO and WFP, the early indications prove the project to be successful in implementation, with particular reference to the UN Joint Vision Development Goal; *To improve the national health services and in particular, a national infectious disease*

control programme that will contribute to the control of the most dangerous infectious diseases for Sierra Leone: malaria and HIV/AIDS.

Malaria Control, LLINs Universal Coverage – UNICEF

The key output results of the LLIN Universal coverage campaign were reported in the previous report. The report of post campaign coverage survey done in June-July 2011, indicates that ‘six months after the universal access campaign, 87 percent of households had at least one LLIN, and 67 percent had more than one LLIN. Seventy-three percent of children under five, and 77 percent of pregnant women slept under an LLIN the night before the survey. These results represent a substantial improvement in LLIN coverage estimates compared to the Demographic Health Survey (DHS) conducted in 2008, which found that 36.6 percent of households had at least one LLIN, and that 25.8 percent of children under-five and 27.2 percent of pregnant women slept under an LLIN the night before the survey,

Technical and operational support to malaria vector control interventions – WHO

Universal coverage of LLINs has been achieved in a joint effort with UNICEF through which over three million long lasting insecticide-treated mosquito nets (LLINs) were distributed to every household in Sierra Leone with a national target of one net for two people. WHO supported “Hang Up” poster campaign activities which were undertaken immediately after the distribution exercise, to demonstrate and promote net usage and to ensure that over time the LLINs would be used properly and consistently. 85% of the population in selected chiefdoms in the Western Urban area, Bombali, Kono and Bo districts benefited from Indoor Residual Spraying (IRS) reaching a total of 34,476 homes. The capacity for surveillance, monitoring and evaluation of malaria control interventions has been strengthened through training of National Malaria Control Programme M&E team, the revision of the M&E tools and the completion of Global reports and supportive supervision through the support of the M& E officer recruited.

Nutritional Support to People living with HIV and TB – WFP

From the \$652,246 received through the MDTF ‘Delivering as One’ the entire budget was utilized to purchase food, more specifically a total of 680 Metric-tonnes (Mt) of assorted food commodities was bought namely - cereals (407 Mt), pulses (102 Mt), vegetable oil (51Mt), CSB (100 Mt) and sugar (20 MT). As the MDTF funding was the only funding available to support this project, the provision of family support was put on hold so as to expand and maintain treatment adherence for the individual beneficiaries identified. From the total 17,500 (3,900 individuals and 15,600 families) beneficiaries to be supported, WFP distributed assorted commodities to 1,594 persons on treatment malnourished. The above figure only comprises individual nutritional support.

In addition to food distribution, WFP worked closely with partners (Food and Nutrition, NACP of MOHs and Network for HIV positives) to conduct joint institutional-based assessment of TB health facilities/ Care and support Groups for nutritional food assistance.

In line with this WFP developed and pre-tested nutritional M&E tools for alignment with National M&E tools. WFP also conducted capacity building training for the National AIDS Control Programme on M&E. The trainings focused on food by prescription for effective food-assistance and HIV programming. In addition, WFP provided NACP logistical support - 7 motor –bikes, 30 weighing scale and 7 computers and accessories- to effectively implement and monitor the nutritional programme.

Key health staff were also trained in Q4 2010 on strengthening Food and Nutrition Interventions in response to HIV/AIDS at national and district level, and PLHIV care and support groups were trained on food rationing and beneficiary identification

Lessons Learnt

Malaria Control, LLINs Universal Coverage – UNICEF

The UNICEF Sierra Leone partnership with the Inter Religious Council of Sierra Leone and the ongoing engagement of the Paramount Chiefs, civil society and community based organizations played a big role in the success of the malaria campaign. Traditional and religious leaders are key community mobilizers in Sierra Leone and have the ability to not only mobilize people but also ensure compliance, which is key for the adoption and maintenance of favorable health behaviors such as the utilization of bed nets.

Technical and operational support to malaria vector control interventions – WHO

The total population of the four selected districts could not be covered because of limited quantities of insecticides procured due to insufficient funds. Number of chiefdoms was therefore reduced but still remains significant for decision-making.

Partners included local councils, civil society movement, traditional leaders, NGOs and CBOs. The active involvement of all partners contributed immensely to the success of the operations in the field e.g. in promoting social mobilization and provision of logistical support.

Nutritional Support to People living with HIV and TB – WFP

Meaningful involvement of partners (NACP, Network for HIV Positives, communities) in the inception of the project development and implementation created the basis for country-led ownership. The resource mobilization for nutritional support to PLHIV and TB patients was slow due to lack of evidence-based information.

V. Future Work Plan

Malaria Control, LLINs Universal Coverage – UNICEF

In 2012, UNICEF Sierra Leone will maintain its support to the Ministry of Health and Sanitation to design and implement a LLIN “Keep Up” Campaign in order to reinforce key messages on LLIN use and malaria prevention and strengthen community support and monitoring for their daily use in households.

UNICEF will also continue to support the MOHS/NMCP in the area of monitoring and evaluation. The following activities will be supported:

1. Strengthen the capacity of NMCP for surveillance and supportive supervision
2. Conduct an impact study based on trend analysis for malaria cases, using the same methodology of the baseline study
3. Develop a plan for reaching the populations that have been missed, especially older children and young adults
4. Develop and implement social mobilization and behaviour change messages for sustained LLIN utilization for malaria prevention

Technical and operational support to malaria vector control interventions – WHO

There is a funding gap between the work done so far on IRS and the expected support from Global Fund to sustain IRS piloted in the four districts and scale up to the remaining districts. Support will go to catalyze IRS activities, ensure availability of enough evidence to demonstrate the impact of IRS on malaria control as in other countries and to support resource mobilization from financiers such as the Global Fund.

The LLINs universal access campaign conducted in November 2010 with support from the UN and other partners resulted in Sierra Leone attaining the Abuja target for LLINs coverage (80% of population at risk of malaria have LLINs). This coverage needs to be maintained and sustained through 2015.

In context of scaling up universal access to malaria control interventions, technical support will be provided to the NMCP to scale up Home based management of malaria (HMM) with emphasis on confirmatory diagnosis. An impact survey to assess the effect of the 2010 mass LLINs campaign on malaria cases and death will be conducted in 2012.

NO	ACTIVITY FOR 2012	COVERAGE	RESPONSIBLE ORGANIZATION	REQUIRED BUDGET in USD
1.	Impact assessment of IRS/LLINs in reduction of deaths and illness in the 4 pilot districts	4 Districts	WHO	77,102.8
1	Procurement of supplies to scale up IRS in the first round project sites	National	NMCP-National Level	100,000
2	IRS operations	Districts	NMCP –District Level	100,000
3	Facilitation of M&E, surveillance and programme management	National	WHO	72,897
6	GRAND TOTAL			350,000

Nutritional Support to People living with HIV and TB – WFP

WFP is the lead agency for the provision of nutrition and food support to PLHIV and TB patients. WFP will continue to provide nutritional support to PLHIV and TB patients, and increase access of PLHIV to livelihood access, which mitigate the impact of the diseases on those households that are food-insecure.

NO	ACTIVITY FOR 2012	TIME FRAME	RESPONSIBLE ORGANIZATION	REQUIRED BUDGET In USD
1	Conduct Nationwide assessment on Nutritional status and Socio-economic profiling of PLHIV	Q2 2012	WFP	75,000
2	Distribution of non food items in sufficient quantity and quality through HIV and TB programmes	Q1-Q4, 2012	WFP/Partners	400,000

3	Establish partnership with partners for livelihood provision and support	Q1-Q4, 2012	Government, UN-agencies, NGOs/CBOs	150,000
Grand Total				625,000

VI. Abbreviations and Acronyms

DHMT	District Health Management Team
FHC	Free Health Care
HFAC	Health For All Coalition
IFRC	International Federation of the Red Cross
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Nets
LLINs	Long Lasting Insecticide treated Nets
MCHW	Maternal and Child Health Week
MOHS	Ministry of Health and Sanitation
NETHIPS	Network of HIV Positives in Sierra Leone
NMCP	National Malaria Control Programme
PPE	Personal Protection Equipment
PLHIV	People living with HIV
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WFP	World Food Program